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TO: Examiner RAMAKRISHNAIAH, Melur FAX N

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USPTO GPAU 2614

FROM: Jeffrey G. Toler

Reg. No.: 38,342

RE U.S. App. No.: 10/017,989, filed December 6, 2001

Applicant(s): Raymond W. Bennett, et al.

Atty Dkt No.: 1033-A00510-C1

Title: SECURITY SYSTEM WITH CALL MANAGEMENT FUNCTIONALITY

NO. OF PAGES (including Cover Sheet): 8

MESSAGE:

Attached please find:

Transmittal Form (1 pg)

Fee Transmittal (in duplicate) (2 pgs)

Response to Ex Parte Quayle Action (2 pgs)

Terminal Disclaimer (1 pg)

Revocation and POA, Change of Correspondence Address, and Appointment of New POA (1 pg)

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0.3.collection of information unless it disolays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond t Application Number 10/017.989 Filing Date TRANSMITTAL December 6, 2001 First Named Inventor FORM Raymond W. Bennett Art Unit 2614 Examiner Name RAMAKRISHNAIAH, Melur (to be used for all correspondence after initial filling) Attorney Docket Number 1033-A00510-C1 Total Number of Pages In This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) 10 Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application
Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address Status Letter Other Enclosure(s) (please identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name toler schaffer, up Signature Printed name Jeffrey G. Toler Date Reg. No. 9-25-2006 38,342 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Emma L. Meyer Typed or printed name

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<i>(</i>	espond to a collection of information unless it displays a valid OMB control number Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application N	Application Number 10/017,989			
FEE TRANSMITTAL For FY 2006				Filing Date .	Filing Date December 6, 2001			
				First Named	First Named Inventor Raymond W. Bennett			
Applicant	Examiner Na	examiner Name RAMAKRISHNAIAH, Melur			elur			
Applicant claims small entity status. See 37 CFR 1.2			37 CFR 1.27	Art Unit_	Art Unit 2614			
TOTAL AMOUNT OF PAYMENT		(\$)	130.00	Attorney Docket No. 103		1033-A00510	-ci	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-2469 Deposit Account Name: TOLER SCHAFFER, LLP								
For the above-identified deposit account, the Director is hareby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
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FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		NG FEES	SEAR	RCH FEES		INATION FE		
Application	Type Fee (Small Er		Small Entity Fee (\$)	Fee	\$mall Emb \$) Fee (\$)	<u>ty</u> <u>F</u> e	es Paid (\$)
Utility	300	150	500	250	200			
Design	200	100	100	50	130		_	
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee (5) Fee (5) Each claim over 20 (including Reissues) 50 25								
Each independent claim over 3 (including Reissues) 200 100								_
Multiple dependent claims							18	0
Total Claims	Paid (\$)			l <u> Dependen</u>				
	20 or HP = imber of total claims pa		= :			Fee (\$) <u>Fee</u>	e Paid (\$)
Indep. Claims	Extra C			Paid (\$)				
- 3 or HP = X = X = BHP = Nghest number of Independent claims paid for, If greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Terminal Disclaimer 130.00								
SUBMITTED BY								
Signature	1h	12		Registration No. (Attorney/Agent)	38,342	Tele	phone 512/3	27-5515
Jame (Print/I)/ne)	Jeffrey G. Toler	-7		Attorney/Adent)			9-25-	

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